

# Technical Notes

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## Detailed Mortality File

All data on mortality are from the Detailed Mortality File, which contains information from death certificates filed in the 50 states and the District of Columbia in 1995. CDC's National Center for Health Statistics (NCHS) prepared the Detailed Mortality File in accordance with regulations from the World Health Organization. These regulations specify that member nations classify causes of death by the current *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*. The denominator used is from population estimates provided by Demo-Data. Demo-Data uses midyear population estimates produced by the U.S. Bureau of the Census, by sex, age and race, as the denominators in all rate calculations. The cause-of-death rates included in this report are presented by sex, race (white, black, and other), and ICD-9 code. These rates are based on the decedent's state of residence and exclude the deaths of nonresidents of the United States. All death rates are age-adjusted using the 1970 U.S. population as the standard.

## Cause-of-Death Classification

The following ICD-9 codes are used in this report:

Total cardiovascular diseases	390–459 “Diseases of the circulatory system”
Ischemic heart disease	410–414 “Ischemic heart disease”
Stroke	430–438 “Cerebrovascular disease”
All cancers	140–208 “Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues”
Lung cancer	162.2–162.9 “Malignant neoplasm of bronchus and lung”
Colorectal cancer	153–154.1, 159.0 “Malignant neoplasm of colon and rectum”
Breast cancer, women	174 “Malignant neoplasm of female breast”
Diabetes	250 “Diabetes mellitus”

## Surveillance of Behavioral Risk Factors and Preventive Services

The prevalences of behavioral risk factors and use of preventive services among adults are state-based estimates from CDC's 1996 Behavioral Risk Factor Surveillance System (BRFSS) for persons at least 18 years of age. Initiated in 1981 and developed in conjunction with states, the BRFSS now enables all states to gather information on the prevalence of behavioral risk factors and other health-related measures in their individual jurisdictions. The design of the BRFSS allows for comparisons both between states and between individual states and the nation. The data are reported by sex, race (white, black, and other), and Hispanic origin. All prevalence estimates from the BRFSS are age-adjusted using the 1970 U.S. population as the standard.

The following questions from the BRFSS were used to define the adult risk behaviors included in this report:

- Have you smoked at least 100 cigarettes in your entire life?
- Do you smoke cigarettes every day, some days, or not at all?
- During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- How often do you drink fruit juices such as orange, grapefruit, or tomato?
- Not counting juice, how often do you eat fruit?
- How often do you eat green salad?
- How often do you eat potatoes not including french fries, fried potatoes, or potato chips?
- How often do you eat carrots?
- About how much do you weigh without shoes?
- About how tall are you without shoes?
- A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
- How long has it been since you had your last mammogram?
- Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

No BRFSS data on mammograms are included for California because California modifies the survey question on cancer

screening in such a way that the responses are not comparable to those from other states. No 1996 BRFSS data are included for Hawaii. Data for no leisure-time physical activity and eating fewer than five servings of fruits and vegetables a day are from the 1994 Hawaii BRFSS. Data for current cigarette smoking, overweight, lack of mammography screening, and lack of health insurance are from the 1995 Hawaii BRFSS.

## Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is part of CDC's Youth Risk Behavior Surveillance System (YRBSS). Since 1990 the YRBSS has provided vital information on health-related practices among U.S. high school students. This information enables states and school jurisdictions to better target prevention efforts directed toward youth. The behaviors included in this report are derived from the 1995 YRBS. Students in grades 9-12 participated in the surveys, which were conducted by CDC and 31 state departments of education. Some states did not have both an overall response rate of at least 60% and appropriate documentation. The data from these states are unweighted and thus apply only to the students participating in the survey. YRBS data are reported by sex. The data are not age adjusted since minimal variation exists in the grade distribution across states.

The following questions from the YRBS were used to define the risk behaviors among high school students included in this report:

- During the past 30 days, on how many days did you smoke cigarettes?
- In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- Yesterday, how many times did you eat fruit?
- Yesterday, how many times did you drink fruit juice?
- Yesterday, how many times did you eat green salad?
- Yesterday, how many times did you eat cooked vegetables?

## Age-Adjusted Rates

Age-adjusted rates allow deaths and risk behaviors to be compared among states because, unlike crude rates, they take into account the effect of different age distributions in different

populations. Statistically, the age-adjusted rates are weighted averages of the age-specific rates, where the weights represent the fixed population proportions by age. The age-adjusted rates were computed by the direct method, that is, by applying the age-specific rates to the U.S. population in 1970. Age-adjusted rates should not be compared with crude rates.

## References

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